



Community Development
10000 Centennial Parkway
Sandy, Utah 84070
Telephone # (801) 568-7250
Facsimile # (801) 568-7278

General Development Application

Revised November 2008

For staff use only

File/Case Number: _____

Date Filed: _____

Fee: _____ Receipt# _____

Assigned Planner: _____

Type of Request *(mark all that apply)*

**Use Account Code #1-51-314515 unless otherwise noted.*

<input type="checkbox"/>	Site Plan Review	(Acct. Code #1-51-314516)
<input type="checkbox"/>	Code Amendment	*
<input type="checkbox"/>	Annexation	(Acct. Code #1-51-314513)
<input type="checkbox"/>	General Plan Amendment	*
<input type="checkbox"/>	Street Vacation/Closure	*

<input type="checkbox"/>	Subdivision	(Acct. Code #1-51-314516)
<input type="checkbox"/>	Sign Review/Appeal	*
<input type="checkbox"/>	Rezoning of Property	(Acct. Code #1-51-314514)
<input type="checkbox"/>	Conditional Use Permit	*
<input type="checkbox"/>	Special Exception	*

Please give a brief summary of the action requested:

Project Information

Name of Proposed Project: _____

Address of Proposed Project: _____

Parcel Tax I.D. Number(s) (if available): _____

Current Condition (i.e. undeveloped, current zone, etc) _____

Proposed Development/Action (i.e., subdivision, retail bldg, new zone) _____

Applicant Information

Applicant's Name: _____ Company: _____

Address: _____ City, State, Zip: _____

Phone #: Office: _____ FAX: _____ Home/Cell: _____

Email: _____ Signature: _____ Date: _____

Project Contact Information *(if different from applicant)* **NOTE:** This person will be staff's **ONLY** contact for the Review Process.

Applicant's Name: _____ Company: _____

Address: _____ City, State, Zip: _____

Phone #: Office: _____ FAX: _____ Home/Cell: _____

Email: _____ Signature: _____ Date: _____

Property Owner Information *(if different than applicant)*

Owner's Name: _____

Address: _____ City, State, Zip: _____

Phone #: Office: _____ FAX: _____ Home/Cell: _____

Email: _____ Signature: _____ Date: _____

Project Staff**Developer:** _____

Address: _____ City, State, Zip: _____

Phone #: Office: _____ FAX: _____ Email: _____

Engineer: _____

Address: _____ City, State, Zip: _____

Phone #: Office: _____ FAX: _____ Email: _____

Planner: _____

Address: _____ City, State, Zip: _____

Phone #: Office: _____ FAX: _____ Email: _____

Architect: _____

Address: _____ City, State, Zip: _____

Phone #: Office: _____ FAX: _____ Email: _____

Other: _____

Address: _____ City, State, Zip: _____

Phone #: Office: _____ FAX: _____ Email: _____

Other: _____

Address: _____ City, State, Zip: _____

Phone #: Office: _____ FAX: _____ Email: _____

Note: The Planning Commission normally meets on the first and third Thursdays of the month. Applicants will be notified of changes in meetings and meeting times. The Planning Division will not officially accept a submittal until the conditions and necessary parts of each application procedure are completed.